

## **APPLICATION FOR INTERNSHIP**

Human Resources Department 5850 West Glendale Avenue Glendale, Arizona 85301 24 hr. Job Information Line (623) 930-3699 • Fax (623) 435-5347

For application to be considered, you MUST: 1) type or print all answers; 2) supply all requested information; **resumes may only** serve as a supplement; 3) not falsify the application in any way; 4) provide comprehensive employment information, including volunteer work. The information you provide will determine your qualifications for employment or eligibility for evaluation.

## GENERAL INFORMATION

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Position applying for:			SS#:					
Name:								
Address:								
Street		City		State	Zip			
Phone:	Phone (message):							
No related employees may work within be affected if you have relatives working								
Yes: No: *If yes, please list their name(s) and Department(s) for which they work.  Name: Department:								
I will accept (check all that apply):  20 hours per week  25 hours per week  30 hours per week  35 hours per week	Do you have a legal right to work in the U.S.?  Yes: No: If yes, you will need to show proof of work	Have you ever been convicted of any violations of federal, state, local or military law or statute? Yes: No: If yes, explain  NOTE: CONVICTION IS NOT NECESSARILY A BAR TO						
40 hours per week  Have you ever been terminated or force	ed to resign due to misconduct	EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY, BASED ON JOB REQUIREMENTS.  or unsatisfactory service?						
Yes: No: If yes, please expla								
EDUCATION, TRAINING AND SK	ILLS				_			
School Name	Major/Area of Emphas	sis:						
Year in School:  Freshman Sophomore Junior Senior Grad Student			Credit Hours In Major: Grade Point Average:					
Professional Certificates, Licenses, Me	mberships:							
List any specialized training you may h								
List any equipment that you are able to	operate that relates to this pos	ition:						

LANGUAGE   SPEAK   READ   WRITE   Yes   No:   From   To	Y D. C. : (1 1	E 11.15		**	11 4 11 0 4 1 1	0
Branch: Type of Pischarge:			WDITE	<u> </u>		
Arizona Driver's Licenses? Yes:   No:   Classification:   Licenses Number:    EXPERIENCE  Begin with your present or most recent position. List most recent jobs held, paid or volunteer. YOUR QUALIFICATIONS WILL BE  EVALIZATED ON THE BASIS OF THE INFORMATION PROVIDED ON THE APPLICATION. You may atmob a separate sheet if doldlineal space is needed, or to include applicable experience prior to ten years ago. RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUISITED INFORMATION.  Position Title:   Employment Dates:   to    Employer:   Phone #:    Address:   Street   City   State   Zip    Annual Salary:   Hours Per Week:   # of employees supervised:    Primary Job Duties:   Phone #:    Address:   Employees supervised:   Phone #:    Address:   # of employees supervised:    Primary Job Duties:   Phone #:    Address:   Street   City   State   Zip    Annual Salary:   Hours Per Week:   # of employees supervised:    Primary Job Duties:   Phone #:    Address:   Street   City   State   Zip    Annual Salary:   Phone #:    Address:   Street   City   State   Zip    Supervisor:   Phone #:    Address:   Street   City   State   Zip    Annual Salary:   Hours Per Week:   # of employees supervised:    Primary Job Duties:   May we contact your present employer? Yes:   No:    Annual Salary:   Hours Per Week:   # of employees supervised:    Primary Job Duties:   Reason for wanting to leave:   # of employees supervised:    Primary Job Duties:   Reason for wanting to leave:   # of employees supervised:    Primary Job Duties:   Reason for wanting to leave:   # of employees supervised:    Primary Job Duties:   Reason for wanting to leave:   # of employees supervised:   No:   Primary Job Duties:   Primary Job Duties:   # of employees supervised:   Primary Job Duties:   Primary Job Duties:	LANGUAGE SFEAK	KEAD	WKIIE			
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Employer:				Em	inlovment Dates:	to
Address:    Street   City   State   Zip						
Street City State Zip  Supervisor:	Employer:			Pho	one #:	
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Annual Salary:	Street			City	State	Zip
Primary Job Duties:    Cotal Time Worked: Years	Supervisor:			May we con	ntact your present employer?	Yes: No:
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